

CORRESPONDENCE

contraindications were present, teach us an important practical detail that the authors do not state: We still have no reliable laboratory test available that can predict hemorrhagic complications after liver biopsy in any individual patient and any relative contraindication remains only empirical.

PREETHAM KONDLAPOODI, MD
Department of Pathology
Harlem Hospital Center and
College of Physicians and Surgeons of
Columbia University
New York City

REFERENCES

1. Mahal AS, Knauer M, Gregory PB: Bleeding after liver biopsy. *West J Med* 1981 Jan; 134:11-14
2. Isselbacher KJ, LaMont JT: Diagnostic procedures in liver disease. In Harrison TR (Ed): *Principles of Internal Medicine*. New York, McGraw-Hill, 1977, pp 1580-1584
3. Sherlock S: *Diseases of the Liver and Biliary System*, 5th Ed. Oxford, Blackwell Scientific, 1975
4. Ewe K: Bleeding after liver biopsy does not correlate with indices of peripheral coagulation. *Am J Dig Dis* 1981; 26:388-393

Acute Arthritis in the Elderly

TO THE EDITOR: In the correspondence section of the January 1982 issue, Robert M. Heiligman, MD, described the case of an elderly woman with intermittent acute pain in the right hip and shoulder.¹ He felt the case fulfilled requirements for "palindromic asymmetric polymyalgia rheumatica."

Dr. Heiligman carefully pointed out that polymyalgia rheumatica has not been felt to be either palindromic or asymmetric in its clinical presentation. As there are no definitive laboratory tests for polymyalgia rheumatica, this remains a diagnosis of exclusion. In the case described by Dr. Heiligman, I would raise another perhaps more likely diagnosis, namely calcium pyrophosphate dihydrate (CPPD) deposition disease. This is a fairly common cause of acute arthritis in the elderly. The patient's history of intermittent asymmetric attacks, elevated erythrocyte sedimentation rate and response to corticosteroids are all consistent with pseudogout. Although not as commonly involved as the fibrocartilage of the knees, wrists and symphysis pubis, the hips and shoulders are not infrequent sites of radiographic chondrocalcinosis and pseudogout attacks.

Dr. Heiligman does not describe any radiographic findings in this patient. I believe that a radiographic survey of the involved joints as well as the knees, pelvis and wrists would be likely to show chondrocalcinosis. Although a definitive diagnosis of pseudogout requires identification of short positively birefringent CPPD crystals in synovial fluid or synovial biopsy, radiographic evidence

of cartilage calcification would strongly suggest that clinical diagnosis.

Dr. Heiligman's case points out the often difficult differential diagnosis of acute arthritis in the geriatric population.

NEAL S. BIRNBAUM, MD
Arthritis Program Medical Director
Pacific Medical Center
San Francisco

REFERENCE

1. Heiligman RM: Palindromic asymmetric polymyalgia rheumatica (Correspondence). *West J Med* 1982 Jan; 136:72-73

Pulmonary Embolism in Buerger's Disease

TO THE EDITOR: In the September 1981 issue, under the title "Recurrent Pulmonary Emboli and Buerger's Disease" there is a report about a patient with Buerger's disease in whom the initial clinical manifestation was an acute pulmonary embolus.¹ The authors in their introductory comments and in their discussion mentioned their inability to find reports of pulmonary vascular involvement in living patients with Buerger's disease. In addition, they stated that to their knowledge Buerger's disease with pulmonary embolization as an initial manifestation had not been reported previously.

A review of the literature on Buerger's disease points up clearly that pulmonary embolism in Buerger's disease is indeed a rare event, a fact that is reiterated in the older literature.² Edwards,³ while pointing out the rarity of the finding, stated he knew of one nonfatal instance of pulmonary embolism in Buerger's disease and, in addition, referred to Kahn's case⁴ (which was cited in reference number 8 of the September article). The case of Kahn was that of a Polish soldier with thromboangiitis obliterans, who had an episode of pulmonary infarction of the right lower lobe that was diagnosed during life, and was still living some 14 months after the episode. Murphy⁵ reported that in a period of four months he encountered three patients with Buerger's disease in whom pulmonary embolism occurred. Case 1 in Murphy's series was that of a railroad man in whom pulmonary infarction was the initial manifestation of Buerger's disease. Lung infarct was diagnosed in all Murphy's cases during life.

It should be pointed out that one could reasonably question the accuracy of some reports of pulmonary embolism in the older literature because of the nonavailability of the specific diagnostic techniques that are now used in arriving at